
Federal Deposit Insurance Corporation
POWER OF ATTORNEY

Financial Institution: _____

Closing Date: _____

Account number: _____

Group Number: _____

COUNTY OF: _____

STATE OF: _____

The undersigned hereby makes, constitutes and appoints _____
(Name)

of _____ my agent and attorney, for me and in my place and
stead, to make proof of claim for all insured deposits owned by me in the closed financial institution
_____, and to transfer and assign the claim for such insured
deposits to the Federal Deposit Insurance Corporation and to receive from the Federal Deposit Insurance
Corporation any money made available by the Federal Deposit Insurance Corporation to pay the insured
deposit liability of such closed financial institution to me, hereby ratifying everything that my said agent
and attorney shall do in the premises with like effect as if done by me in person.

Signature of Accountholder

Address

Printed Name

Address

SUBSCRIBED AND SWORN TO BEFORE ME, this _____ day of _____, _____.

Signature of Notary Public in and for the above County & State

MY COMMISSION EXPIRES:

Printed Name of Notary Public

THE PENALTY FOR KNOWINGLY MAKING OR INVITING RELIANCE ON ANY FALSE, FORGED OR COUNTERFEIT
STATEMENT, DOCUMENT OR THING FOR THE PURPOSE OF INFLUENCING IN ANY WAY THE ACTION OF THE FEDERAL
DEPOSIT INSURANCE CORPORATION IS A FINE OF NOT MORE THAN \$1,000,000 OR IMPRISONMENT FOR NOT MORE
THAN THIRTY YEARS, OR BOTH (18 U.S.C. § 1007).